## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

09/486865

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL I	ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA		F	RATE	FEE	]	RATE	FEE
ВА	SIC FEE									345.00	OR	eni .	690,00-
то	TAL CLAIMS		a/ minus 20=			= * /			X\$ 9=		OR	X\$18=	18
IND	EPENDENT CL	AIMS	ع minus 3 :		3 =	= *			X39=			X78=	/ 0
MULTIPLE DEPENDENT CLAIM PRESENT											OR	•	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	+130=		OR	+260=	
								•	TOTAL		OR	TOTAL	828
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL I	ENTITY
AMENDMENT A	CLAII REMAII AFTE AMENDI		NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	l	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
_	FIRST PRESE	NTATION	I OF MU	JLTIPLE DEF	PEND	ENT CLAIM			+130=		OR	+260=	·
									TOTAL			TOTAL	
		AD	DIT. FEE			ADDIT. FEE							
AMENDMENT B		(Column CLAIMS REMAININ AFTER AMENDME				olumn 2) Highest Number Reviously Paid for	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus ***					X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=			+260=	
								L	TOTAL		OR OR	TOTAL	
	(Oaliman 4) (Oaliman 0) (Oaliman 0)								DIT. FEE		JOH ,	ADDIT. FEE	
		(Colur				olumn 2) HIGHEST	(Column 3)	_			í <b>I</b>		
AMENDMENT C		REMAI AFT AMEND	NING ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	-
	Independent	*		Minus	***		=		X39=		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDE					ENT CLAIM		$\vdash$			On		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
***	if the entry in colur If the "Highest Nur If the "Highest Nun The "Highest Num	mber Previ mber Prev	iously Pa iously Pa	id For" IN THI aid For" IN THI	S SPA S SPA	CE is less tha	n 20, enter "20." in 3, enter "3."		TOTAL DIT. FEE	oropriate box		TOTAL ADDIT. FEE umn 1.	